

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04406

**Entity Name:** SECURIAN FINANCIAL SERVICES, INC.**Current Principal Place of Business:**400 NORTH ROBERT STREET  
ST. PAUL, MN 55101**Current Mailing Address:**400 NORTH ROBERT STREET  
ST. PAUL, MN 55101**FEI Number:** 41-1486060**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	D
Name	ZACCARO, WARREN J
Address	400 ROBERT STREET NORTH
City-State-Zip:	ST. PAUL MN 55101

Title	VP, CCO
Name	CARPENTER, KIMBERLY K
Address	400 ROBERT STREET NORTH
City-State-Zip:	ST. PAUL MN 55101

Title	VP
Name	MCGRATH, JEFFREY
Address	400 NORTH ROBERT STREET
City-State-Zip:	ST. PAUL MN 55101

Title	AS
Name	LUNDBERG, SHELLY
Address	400 NORTH ROBERT STREET
City-State-Zip:	ST. PAUL MN 55101

Title	PD
Name	CONNOLLY, GEORGE I.
Address	400 ROBERT STREET NORTH
City-State-Zip:	ST. PAUL MN 55101

Title	DIRECTOR
Name	CHRISTENSEN, GARY
Address	400 NORTH ROBERT STREET
City-State-Zip:	ST. PAUL MN 55101

Title	AS
Name	OFSTIE, KIM
Address	400 NORTH ROBERT STREET
City-State-Zip:	ST. PAUL MN 55101

Title	VP
Name	ZELLMER, KJIRSTEN
Address	400 NORTH ROBERT STREET
City-State-Zip:	ST. PAUL MN 55101

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LISA STOPFER**ASS'T SECRETARY****04/05/2019**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title AS  
Name BLAIR, PATRICIA  
Address 400 NORTH ROBERT STREET  
City-State-Zip: ST. PAUL MN 55101

Title AS  
Name PETERSON, TANYA  
Address 400 NORTH ROBERT STREET  
City-State-Zip: ST. PAUL MN 55101

Title SECRETARY  
Name O'BRIEN, KERI S  
Address 400 NORTH ROBERT STREET  
City-State-Zip: ST. PAUL MN 55101

Title TREASURER  
Name FERGUSON, KRISTIN M  
Address 400 NORTH ROBERT STREET  
City-State-Zip: ST. PAUL MN 55101

Title ASST. SECRETARY  
Name LARSON, ELIZABETH  
Address 400 NORTH ROBERT STREET  
City-State-Zip: ST. PAUL MN 55101

Title AS  
Name STREEPER, JEFFREY  
Address 400 NORTH ROBERT STREET  
City-State-Zip: ST. PAUL MN 55101

Title AS  
Name KOLB, WHITNEY  
Address 400 NORTH ROBERT STREET  
City-State-Zip: ST. PAUL MN 55101

Title VP  
Name ZELLMER, KJIRSTEN G  
Address 400 NORTH ROBERT STREET  
City-State-Zip: ST. PAUL MN 55101

Title ASST. SECRETARY  
Name STOPFER, LISA  
Address 400 NORTH ROBERT STREET  
City-State-Zip: ST. PAUL MN 55101